

**Enrollment Package 2011
ECC Burr Childcare Program
1960 Burr Street, Fairfield, CT 06824**

Contact Information

Marissa Grande • Burr Head Teacher • (203) 923-3500 • marissa@eastoncc.com
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To ensure that our licensing requirements set by the CT Department of Health are fulfilled, it is extremely important that the following documents are completed PRIOR TO BEGINNING IN THE PROGRAM:

- Completed Enrollment Fee Agreement with \$75 non-refundable registration fee and \$100 deposit
- Discipline Policy Form and Field Trip Form
- Authorization for Student Pick-up Form
- Authorization for Medical Treatment of a Minor Form
- Automatic Payment Request Form
- CT Health Assessment Form with a physical *dated within the last year*.
(This also must include an up-to-date Tuberculosis test and immunizations.)
- Administration of Medication Form (ONLY if your child requires medication during program hours)

Registration:

A \$75.00 non-refundable annual registration fee per child is required to reserve your child's space in the program each school year.

First-Time Enrollment:

With enrollment, the Program requires deposits to be held on account.

- **Requirement is \$100** per child

The deposit will be held and rolled over year to year. The deposit will be applied towards the last installment payment of the last year of your child's enrollment to the program.

- **For your convenience, if you do not submit a check for the registration fee and deposit along with your enrollment forms, we will automatically charge your credit card on file.**

The fees are payable by check to Easton Community Center or by Credit Card (M/C, AMEX, Visa).

Payment and forms can be returned to the ECC/BCC mailbox in the school office, by mail (Attention: Marissa at ECC 364 Sport Hill Road, Easton, CT. 06612) or fax to Marissa at (203) 445-1798.

2011-2012 Tuition Fees

PROGRAM	5-DAY	3-DAY**	2-Day**
BEFORE SCHOOL Grades K-5	\$125.00	\$95.00	\$65.00
AFTER SCHOOL –Kindergarten*	\$240.00	\$185.00	\$130.00
AFTER SCHOOL Grades 1-5	\$205.00	\$160.00	\$110.00
FULL TIME (AM & PM) Grades K-5	\$299.00		

* Includes early dismissal on Wednesdays @1:10PM

** Part-time 2 and 3-Day Schedules will be selected by parent/guardian at time of registration

Payments: Monthly tuition is due by the 1st of each month. There will be nine payments. The first payment will include the \$75 registration fee per child, deposit if a new registration and the first month's tuition. All tuition/fees are due even if the child is absent for any reason, as you are paying for a spot filled by your child. Costs are incurred even in your child's absence.

Tuition is payable by credit card, cash (receipt given) or by check payable to: Easton Community Center. If you wish to have your credit card billed automatically on the first of each month, please indicate on the blue registration form. We will invoice and send receipts monthly via email so it is very important that we have your correct email address. Checks may be given to Burr B/A Care Program staff or mailed to ECC, 364 Sport Hill Road, Easton, CT 06612.

Returned Check Fee: \$25.00 **All fees are not refundable.**

Late Pick-up Fees: Beginning at 6 pm, the parent/guardian will be charged a \$10.00 late fee, and an additional \$10.00 for every 15 minute period that follows. This charge will be invoiced on the next billing period. Please read Parent Handbook for additional policies and procedures.

ECC Burr Childcare Program Enrollment Fee Agreement 2011/2012 school year

Early Bird Special Discount Incentive Program:

If all installment payments are paid in full upon enrollment, you will receive a 5% discount.

Family Discounts (families with more than 1 child enrolled):

A \$20.00 discount per additional child for full-time participants and \$10 discount per additional child for part-time participants will be applied if there is more than one (1) child from the same family enrolled in the Program. This discount would apply monthly to the youngest child fees.

A fee agreement must be completed for *each* child enrolling in the program.

Parent/Guardian Name(s):		
Child's Name:		
Date of Birth:		
Program (hours/day):	am	pm
Days of the week: (circle)	Monday Tuesday Wednesday Thursday Friday	
Monthly Tuition:		
Registration Fee:	\$75.00 / child - Paid Yearly	
Deposit	\$100 per child Will remain on account and applied to the last 2 weeks of enrollment	
Start Date		

Parent's Signature: _____ Date: _____

Parent's Address: _____

Parent's City, State, Zip: _____

Parent's Phone: (Home): _____ (Work): _____ (Cell) _____

E-mail Address: _____

Mother's Employer Name _____ Father's Employer Name _____

Employer Address _____ Employer Address _____

Employer Phone Number _____ Employer Phone Number _____

I am aware that if my tuition is not received by the 7th of any given month, my credit card information kept on file, will be automatically charged in order for my child(ren) to remain in this program.

Parent / Guardian Signature

ECC Burr Childcare Program
1960 Burr Street, Fairfield, CT 06824

I have read and discussed the Burr Childcare Discipline Policy for the 2011-2012 school year.

Parent / Guardian Signature

Field Trip Permission Slip

DATE: September 2011 through June 2012

I _____ give _____ permission
Parent/Guardian-Please Print Child's Name

to participate on the field trip to the following locations at the Burr Elementary School:

Playground
Black Top Areas
Soccer Field
Library
Classrooms
Strings & Instrumental Room
Science Room

Parent/Guardian Signature

ECC Burr Childcare Program
AUTHORIZATION FOR STUDENT PICK-UP

The names of at least one or two individuals, in addition to parents, who are authorized to pick up your child, must be on file with the program. If anyone else will be picking up your child, it is imperative that you notify the program in writing using a yellow Change of Plan form on or before the day in question. The staff will not release a child to anyone who is not authorized in writing for pick-up.

Child Information

Name:	_____
Parent/Guardian Name:	_____
Home Phone:	_____
Work Phone:	_____
Cell Phone	_____
Address:	_____

*You will be asked to show photo identification until our staff recognizes the authorized people that pick up your child.
Please notify the Head Teacher of any additional authorized adults that may be added throughout the school year.
They WILL be required to show photo identification at all times.*

Authorized For Pick-Up and Emergency Contacts (including parents)

Name Relationship Phone Number

Address

Name Relationship Phone Number

Address

Name Relationship Phone Number

Address

Name Relationship Phone Number

Address

If the after school program is cancelled due to inclement weather in the afternoon, the alternate plans for my child(ren) are: Please circle one: Bus or Walker and picked up by _____

**ECC Burr Childcare Program
2011-2012**

AUTHORIZATION FOR MEDICAL TREATMENT OF A MINOR

In the event of an emergency requiring a physician's care, do you wish us to call your family physician?
Yes No (if yes, please provide the following)

I (we), _____ and _____, do hereby state that I am (we are) parent(s) or legal guardian(s) of _____, who resides with me.

I (we), _____ authorize for emergency purposes only, a designated employee of the ECC BCC Program to transport the above minor by ambulance, and consent to any necessary examination, anesthetic, medical advice and/or medical treatment from a physician or surgeon licensed to practice medicine in the State of Connecticut.

Allergies to drugs or foods

Please list any special medications or pertinent information

Authorization

Parent(s) / Legal Guardian(s) Signature(s)

Date

Pediatric Physician & Dentist Information:

Doctor's Name:	_____
Doctor's Office Name:	_____
Doctor's Office Phone:	_____
Dentist's Name:	_____
Dentist's Office Name:	_____
Dentist's Office Phone:	_____
Hospital Name:	_____
Hospital Phone Number:	_____
Insurance Carrier:	_____
Policy Number:	_____
Primary Insured:	_____

Please keep this policy for your records. Please do not submit this with your forms.

DISCIPLINE POLICY

Implementation of Discipline Policy

The goal of discipline is to help the child develop inner controls so that he/she may move toward appropriate social behavior. Methods for resolving conflicts are:

- Positive guidance
- Setting clear limits
- Redirection

When disputes arise among children or between a child and teacher, the teacher will encourage a talking out process among those involved. The goal of this talking out process will be to acknowledge feelings and find solutions using children's ideas whenever possible.

A child who may be overly aggressive or repeatedly destructive of other children's work may be asked to make an activity choice in another area if talking things through has not resulted in better self control.

Staff will continuously supervise children during disciplinary actions.

Staff shall not be abusive, neglectful, or use corporal, humiliating or frightening punishment under any circumstances. No child shall be physically restrained unless it is necessary to protect the safety and health of the child or another child or adult.

Basic Ground Rules for Participants

- 1. Always stay within the specified areas of the ECC BCC program with a staff member. Never wander off on your own.**
- 2. Always listen to the directions of the staff members/playground assistants. If you don't understand or agree, listen first and discuss with the staff member later.**
- 3. Keep your body to yourselves. No hitting, kicking, spitting or fighting is allowed.**
- 4. If someone hurts you, tell him or her to stop and tell a staff member right away. Don't hurt them back.**
- 5. Leave other people's belongings alone. Do not take other people's things without permission.**
- 6. Be respectful of the property (games, toys, etc.) of the ECC BCC Program and treat it like your own.**
- 7. Think about the words you speak. Words can help and words can hurt. Using inappropriate or nasty words, teasing and making fun of others is not allowed.**

In the event that a child fails to follow these basic rules, or other directions given by the staff, a sequence of corrective techniques will be employed by the staff to help the child and to avoid any possible disruption.

Step 1 – Reminder of Rule(s)

In the case of a minor behavioral situation, the child will be reminded of the rule he or she is forgetting or breaking and be asked to correct the behavior accordingly. Such correction may include an apology to the other child(ren) or staff member in question. Most issues are addressed at this level with the staff member in order to correct small lapses in judgment.

Step 2 – Time Out

If a child seems to be having difficulty with correcting inappropriate behavior, by either repeating behaviors already identified as unacceptable or refusing to acknowledge the seriousness of an infraction, staff members may utilize a "time-out". This calls for a staff member to separate the child from the group's activity and discuss more in depth the reason for the "time-out". The duration of the "time-out" depends on the age of the

child, nature of the presenting problem and the judgment of the staff member in charge. The child will remain under constant supervision during the “time-out” period. At the conclusion of the “time-out”, the child will be reunited back with the group and rejoin the activity. The parent will be notified of the situation by the staff member in charge. All incidents describing the situation which led to the “time-out” will be documented in the child’s file.

Step 3 – Calling Parents

If it becomes clear that a child in the program is not responding to the staff’s attempts to help correct an unacceptable behavior, you will be contacted about the current situation. Sometimes a child may want to “test the system”, not quite believing that the staff and parents communicate about unacceptable behavior. By contacting you, a child may realize that inappropriate behavior at the ECC program carries consequences. Therefore, we may contact you in their presence and ask you to reinforce our efforts over the phone with your child so that they understand that both the staff and parents take the Program Rules seriously.

Step 4 – Suspension from the Program

In the rare event that a child fails to respond with a change in behavior after experiencing the 3 steps outlined above, or in the event that the problem is serious enough to skip directly to this point, the Program Director or Head Teacher will contact you that your child must be picked up from the program immediately and a one-day* suspension will be required to take place the next day the child is scheduled to attend. At this time, the circumstances surrounding the problem will be explained fully and we may suggest a meaningful duration of suspension from the ECC BCC.

* First Offense: One-day suspension

If a child continues to display disruptive behavior or has any other difficulties adjusting to the program, the situation will be discussed with the Program Director or Head Teacher and the parent(s) in order to provide recommendations for developing a plan toward resolution.

Second Offense:

If another offense should occur that results in suspension, the Program Director or Head Teacher will enforce a suspension up to one week.

In the event that suspension from the program is ineffective or deemed insufficient to address the problem behavior, we may exercise our right to terminate a child’s enrollment for the remainder of the school term. The Head Teacher will contact the program’s consultants for advise before step 5 is implemented.

Third Offense: Consideration for Step #5

Situations that could possibly lead to this step may include serious, willful injury to another child or staff member; blatant disregard for the safety of other children and/or staff; serious, willful destruction of another person’s belongings or ECC/school property; and/or a child’s clear statement of intent to disregard the program rules and/or staff’s directions.

Step 5 – Dismissal from the Program

If a child continues to display disruptive behavior or has any other difficulties adjusting to the program, the situation will be discussed with the Program Director or Head Teacher and the parent(s) in order to provide recommendations for developing a plan toward resolution.

Dismissal from the program is seriously considered when the health, safety and welfare of the child(ren) are of concern, other children or staff are at risk, or when it affects the productive operation of the program

The Program Director or Head Teacher reserves the right to permanently remove any child(ren) from the program based on, but not limited to:

- violations of the pick-up policy
- persistent disciplinary problems with the child
- Unproductive interactions on the part of the parents/ guardians and any other situations that interfere with the ability of the program to provide an effective and positive environment for the children.

Automatic Payment Request Form (Mandatory)

Please indicate your credit card information below that will be automatically charged by the first of each month if you check off "automatic payment". This credit card information will be held on file at the Easton Community Center and will only be available to our employee that is responsible for receiving tuition payments for processing.

For your convenience, if you do not submit a check for the registration fee and deposit along with your enrollment forms, we will automatically charge your credit card on file.

- Please check one:**
- Automatic Payment Each Month**
or
- Only charge my card if payment is not received by the 7th of any given month**

Card Number _____

List if Visa or Mastercard _____

Expiration Date _____

3 digit code on the back of your card _____

Name on Card _____

Your Phone Number _____

Monthly Tuition Amount if Known _____

Parent Signature _____ Date _____

Once the charge has been processed, you will receive email confirmation for your records.



State of Connecticut Department of Education

Health Assessment Record



To Parent or Guardian:

In order to provide the best educational experience, school personnel must understand your child's health needs. This form requests information from you (Part I) which will also be helpful to the health care provider when he or she completes the medical evaluation (Part II).

State law requires complete primary immunizations and a health assessment by a legally qualified practitioner of medicine, an advanced practice registered nurse or registered nurse, a physician assistant or the school medical advisor prior to school entrance in Connecticut (C.G.S. Secs. 10-204a and 10-206). An immunization update and additional health assessments are required in the 6th or 7th grade and in the 9th or 10th grade. Specific grade level will be determined by the local board of education. This form may also be used for health assessments required every year for students participating on sports teams.

Please print

Student Name (Last, First, Middle)	Birth Date	<input type="checkbox"/> Male <input type="checkbox"/> Female
Address (Street, Town and ZIP code)		
Parent/Guardian Name (Last, First, Middle)	Home Phone	Cell Phone
School/Grade	Race/Ethnicity	<input type="checkbox"/> Black, not of Hispanic origin
Primary Care Provider	<input type="checkbox"/> American Indian/ Alaskan Native	<input type="checkbox"/> White, not of Hispanic origin
	<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> Asian/Pacific Islander
		<input type="checkbox"/> Other
Health Insurance Company/Number* or Medicaid/Number*		
Does your child have health insurance?	Y N	If your child does not have health insurance, call 1-877-CT-HUSKY
Does your child have dental insurance?	Y N	

* If applicable

Part I — To be completed by parent/guardian.

Please answer these health history questions about your child before the physical examination.

Please circle **Y** if "yes" or **N** if "no." Explain all "yes" answers in the space provided below.

Any health concerns	Y	N	Hospitalization or Emergency Room visit	Y	N	Concussion	Y	N
Allergies to food or bee stings	Y	N	Any broken bones or dislocations	Y	N	Fainting or blacking out	Y	N
Allergies to medication	Y	N	Any muscle or joint injuries	Y	N	Chest pain	Y	N
Any other allergies	Y	N	Any neck or back injuries	Y	N	Heart problems	Y	N
Any daily medications	Y	N	Problems running	Y	N	High blood pressure	Y	N
Any problems with vision	Y	N	"Mono" (past 1 year)	Y	N	Bleeding more than expected	Y	N
Uses contacts or glasses	Y	N	Has only 1 kidney or testicle	Y	N	Problems breathing or coughing	Y	N
Any problems hearing	Y	N	Excessive weight gain/loss	Y	N	Any smoking	Y	N
Any problems with speech	Y	N	Dental braces, caps, or bridges	Y	N	Asthma treatment (past 3 years)	Y	N
Family History						Seizure treatment (past 2 years)	Y	N
Any relative ever have a sudden unexplained death (less than 50 years old)			Y	N	Diabetes	Y	N	
Any immediate family members have high cholesterol			Y	N	ADHD/ADD	Y	N	

Please explain all "yes" answers here. For illnesses/injuries/etc., include the year and/or your child's age at the time.

Is there anything you want to discuss with the school nurse? Y N If yes, explain:

Please list any **medications** your child will need to take **in** school:

*All medications taken in school require a separate **Medication Authorization Form** signed by a health care provider and parent/guardian.*

I give permission for release and exchange of information on this form between the school nurse and health care provider for confidential use in meeting my child's health and educational needs in school.

Signature of Parent/Guardian

Date

Health Care Provider must complete and sign the medical evaluation and physical examination

Student Name _____ Birth Date _____ Date of Exam _____

I have reviewed the health history information provided in Part I of this form

Physical Exam

Note: *Mandated Screening/Test to be completed by provider under Connecticut State Law

*Height _____ in. / _____% *Weight _____ lbs. / _____% BMI _____ / _____% Pulse _____ *Blood Pressure _____ / _____

	Normal	Describe Abnormal	Ortho	Normal	Describe Abnormal
Neurologic			Neck		
HEENT			Shoulders		
*Gross Dental			Arms/Hands		
Lymphatic			Hips		
Heart			Knees		
Lungs			Feet/Ankles		
Abdomen			*Postural <input type="checkbox"/> No spinal abnormality <input type="checkbox"/> Spine abnormality: <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Marked <input type="checkbox"/> Referral made		
Genitalia/ hernia					
Skin					

Screenings

*Vision Screening			*Auditory Screening			Lead:	Date
Type:	<u>Right</u>	<u>Left</u>	Type:	<u>Right</u>	<u>Left</u>		
With glasses	20/	20/	<input type="checkbox"/> Pass	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	<input type="checkbox"/> Fail	
Without glasses	20/	20/	<input type="checkbox"/> Referral made				
<input type="checkbox"/> Referral made						*HCT/HGB:	
						Other:	

TB: High-risk group? No Yes PPD date read: _____ Results: _____ Treatment: _____

***IMMUNIZATIONS**

Up to Date or Catch-up Schedule: **MUST HAVE IMMUNIZATION RECORD ATTACHED**

***Chronic Disease Assessment:**

Asthma No Yes: Intermittent Mild Persistent Moderate Persistent Severe Persistent Exercise induced
 If yes, please provide a copy of the **Asthma Action Plan** to School

Anaphylaxis No Yes: Food Insects Latex Unknown source

Allergies If yes, please provide a copy of the **Emergency Allergy Plan** to School

History of Anaphylaxis No Yes Epi Pen required No Yes

Diabetes No Yes: Type I Type II

Other Chronic Disease:

Seizures No Yes, type: _____

This student has a developmental, emotional, behavioral or psychiatric condition that may affect his or her educational experience.
 Explain: _____

Daily Medications (specify): _____

This student may: participate fully in the school program
 participate in the school program with the following restriction/adaptation: _____

This student may: participate fully in athletic activities and competitive sports
 participate in athletic activities and competitive sports with the following restriction/adaptation: _____

Yes No Based on this comprehensive health history and physical examination, this student has maintained his/her level of wellness.
 Is this the student's medical home? Yes No I would like to discuss information in this report with the school nurse.

Signature of health care provider MD / DO / APRN / PA	Date Signed	Printed/Stamped Provider Name and Phone Number
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Immunization Record

To the Health Care Provider: Please complete and initial below.

Vaccine (Month/Day/Year) Note: *Minimum requirements prior to school enrollment. At subsequent exams, note booster shots only.

	Dose 1	Dose 2	Dose 3	Dose 4	Dose 5	Dose 6
DTP/DTaP	*	*	*	*		
DT/Td						
Tdap						
IPV/OPV	*	*	*			
MMR						
Measles	*	*				
Mumps	*					
Rubella	*					
HIB	*				Students under age 5	
Hep A						
Hep B	*	*	*			
Varicella	*					
PCV					Pneumococcal conjugate vaccine	
Meningococcal						
HPV						
Flu						
Other						

Disease Hx _____
of above (Specify) (Date) (Confirmed by)

Exemption

Religious _____ **Medical: Permanent** _____ **Temporary** _____ **Date** _____
 Recertify Date _____ Recertify Date _____ Recertify Date _____

Immunization Requirements for Newly Enrolled Students at Connecticut Schools

KINDERGARTEN DTaP: At least 4 doses. The last dose must be given on or after 4th birthday
 Polio: At least 3 doses. The last dose must be given on or after 4th birthday
 MMR: 1 dose on or after the 1st birthday
Measles: Second dose of measles vaccine (or MMR), given at least 4 weeks after the first dose
 Hib: Children less than 5 yrs of age need 1 dose at 12 months or older Children 5 and older do not need proof of Hib vaccination
 Hep B: 3 doses
 Varicella: 1 dose on or after the 1st birthday or verification of disease

GRADES 1-6 DTaP /Td/Tdap: At least 4 doses. The last dose must be given on or after 4th birthday
 Students who start the series at age 7 or older only need a total of 3 doses
 Polio: At least 3 doses. The last dose must be given on or after 4th birthday
 MMR: 1 dose on or after the 1st birthday
Measles: Second dose of measles vaccine (or MMR), given at least 4 weeks after the first dose
 Hep B: 3 doses
 Varicella: 1 dose on or after the 1st birthday or verification of disease

GRADES 7-12 Td/Tdap: At least 3 doses. The last dose must be given on or after 4th birthday. Students who start the series at age 7 or older only need a total of 3 doses
 Polio: At least 3 doses. The last dose must be given on or after 4th birthday
 MMR: 1 dose on or after the 1st birthday
Measles: Second dose of measles vaccine (or MMR), given at least 4 weeks after the first dose
 Hep B: 3 doses
 Varicella: 1 dose on or after first birthday or verification of disease:
VARICELLA VACCINE: For students <13 years of age, 1 dose given on or after the 1st birthday. For students 13 years of age or older, 2 doses given at least 4 weeks apart
VERIFICATION OF DISEASE: Confirmation in writing by a MD, PA, or APRN that the child has a previous history of disease, based on family or medical history

_____ Initial/Signature of health care provider MD / DO / APRN / PA	_____ Date Signed	_____ Printed/Stamped Provider Name and Phone Number
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Authorization for the Administration of Medication by Child Day Care Personnel
(Submit this form **ONLY** if your child requires medication to be administered during program hours or has asthma or allergies that require medication to be on site)

In Connecticut, licensed Child Day Care Centers, Group Day Care Homes and Family Day Care Homes administering medications to children shall comply with all requirements regarding the Administration of Medications described in the State Statutes and Regulations. Parents/guardians requesting medication administration to their child by daycare staff shall provide the program with appropriate written authorization(s) and the medication before any medications are dispensed. Medications must be in the original container and labeled with child's name, name of medication, directions for medication's administration, and date of the prescription. All unused medication will be destroyed if not picked up within one week following the termination of the authorized prescriber's order.

Authorized Prescriber's Order (Physician, Dentist, Physician Assistant, Advanced Practice Registered Nurse):

Name of Child _____ Date of Birth ____/____/____ Today's Date ____/____/____

Medication Name _____ Controlled Drug? YES NO

Dosage _____ Method _____ Time of Administration _____

Specific Instructions for Medication Administration _____

Medication Administration Start Date ____/____/____ Stop Date ____/____/____

Relevant Side Effects of Medication _____

Plan of Management for Side Effects _____

Known Food or Drug: Allergies? YES NO Reactions to? YES NO Interactions with? YES NO

If "yes" to any of the above, please explain _____

Prescriber's Name _____ Phone Number (____) _____

Prescriber's Address _____ Town _____

Signature _____

Parent/Guardian Authorization:

I request that medication be administered to my child as described and directed above and attest that **I have administered at least one dose of the medication to my child without adverse effects.**

Name of Day Care Program _____ Today's Date ____/____/____

Child's Name _____ Address _____ Town _____

Name of Parent/Guardian Authorizing Administration of Medication _____

Relationship to Child: Mother Father Guardian/Other explain: _____

Address _____ Town _____ Phone Number (____) _____

Signature of Parent/Guardian Authorizing Administration of Medication _____

Name of Childcare Personnel Receiving Written Authorization and Medication _____

Title/Position _____ Signature (in ink) _____